

RACGP Submission to the Department of Health and Aged Care

National Health and Climate Strategy

1. About the RACGP

The Royal Australian College of General Practitioners (RACGP) is the voice of general practitioners (GPs) in our growing cities and throughout rural and remote Australia. We are Australia's largest professional general practice organisation representing more than 45,000 urban and rural general practitioner (GP) members. For more than 60 years, we've supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

The RACGP is an active advocate for action on climate change and recognises climate change as a key public health issue. We have a clear position statement on the impact of climate change on human health, and we regularly support key campaigns for political action in this space. Much of the RACGP's work in this space has been driven by the RACGP Climate and Environmental Medicine Specific Interest group, which has around 1400 members.

In partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO) the RACGP is also developing a topic on the health impacts of climate change for the fourth edition of the *National guide to preventive healthcare for Aboriginal and Torres Strait Islander people*, due for publication in 2024.

The [RACGP's Environmental sustainability in general practice resource](#) supports Australian GPs and their practice teams to reduce their environmental footprint. The resource can be used by practices in all corners of Australia to become more environmentally sustainable as well as to identify, reduce and manage the adverse health effects of climate change. This includes actions on reducing energy consumption, prescribing decisions and advocating on behalf of patients for effective climate change policy and action.

The RACGP thanks the Department of Health and Aged Care for the opportunity to provide feedback on this draft National Health and Climate Strategy. The College is fully supportive of the development of such a strategy and is in support of the objectives and principles which form the basis of the document.

The RACGP has provided feedback on the four proposed objectives of the strategy. Our key message is that primary care, and general practice specifically, needs to be more fully included within the strategy.

2. Key recommendations

Measuring emissions

- Include data from general practice and primary care in the measuring, monitoring and reporting of emissions, without requiring practices to undertake burdensome reporting.
- Include all three scopes of emissions within the strategy, as well as those emissions which fall outside these scopes.
- Investigate what data could be gathered from the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS) to help measure emissions.

Mitigation

- Explore different mitigation priorities for different parts of the health sector.
- Focus on medicines, waste, and prevention and optimising models of care as the key mitigation areas in general practice.
- Develop resources which provide information to prescribers on the environmental impact of different drug treatments, alongside information on their effectiveness and costs.
- Develop guidance for clinicians in all parts of the health system on reducing patient harms by avoiding interventions which are of low value. Similar to the RACGP's *First do no harm* guidance.
- Explore opportunities to reduce the environmental impact of clinical waste, and e-waste.
- Explore opportunities to reduce plastic waste in healthcare.
- Increase support for general practice to deliver patient-centred preventive care, with associated increase in funding for general practice.
- Focus on evidence-based prevention activities with comprehensive evaluation, to ensure policies have the intended effect and vulnerable populations are not left behind.
- Include social prescribing in the National Health and Climate Strategy.
- Ensure all patients can take advantage of telehealth consults with their usual GP, including making Medicare rebates for longer telehealth phone consultations a permanent fixture and re-introducing Medicare rebates for phone consultations for mental health items and GP chronic disease management plans.

Adaptation

- Develop a national health vulnerability and adaptation assessment to help identify which impacts, risks, and vulnerabilities should be prioritised for adaptation action.
- Use the assessment to build an action plan which is nationally consistent, and adaptive to local contexts and needs.
- Ensure the National Health and Climate Strategy is informed by Australia's recent experiences of natural disasters, and fully considers Australia's approach to disaster management.

Health in all policies

- Include recommendations for a Health in All Policies approach within the National Health and Climate Strategy, and ensure the Strategy is implemented across the whole of government.

Strategy approach

- Ensure the Strategy takes a national approach while also being tailored to meet local needs and contexts.

Objective 1: Measuring health system greenhouse gas emissions

Australian research from 2018¹ estimates that health care contributes 7% of Australia's total carbon emissions, and that general practice accounts for 4% of the health sector's total, excluding emissions from pharmaceuticals. Despite the small, estimated volume of emissions produced by general practice, the RACGP recognises that GPs play a key role in identifying, reducing and managing the adverse health effects of climate change.

The above research uses economic models, and assumed carbon costs, with little data available about the actual onsite emissions from the Australian healthcare sector. Additional research needs to be conducted to build a fuller picture of the actual emissions being produced.

While Australia is at the beginning of producing a strategy, we can learn from other countries who have already been through this process. The NHS strategy '[delivering a net zero national health service](#)' provides some helpful guidance, including the inclusion of general practice in a holistic strategy, and an approach which covers all three of the stated

scopes of emissions, plus emissions from patients and visitor travel, and medicines used in the home, which fall outside of these scopes.

Within this measuring work, we should ensure that health sector emissions relating to IT infrastructure are included – for example large data services.

In terms of currently available datasets, the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) could be a helpful starting point to further understand sources of carbon and high impact mitigation strategies across the health sector.

PHNs may also be in a position to support both the measuring and reduction of carbon emissions in primary care. They would be able to act locally within the context of their region to provide appropriate support to local health services.

The RACGP recommends the Department of Health and Aged Care:

- Include data from general practice and primary care in the measuring, monitoring and reporting of emissions, without requiring practices to undertake burdensome reporting.
- Include all three scopes of emissions within the strategy, as well as those emissions which fall outside these scopes.
- Investigate what data could be gathered from the MBS and PBS to help measure emissions.

Objective 2: Mitigation

The areas of focus for mitigation strategies will look different in primary care and secondary care. It would be helpful for the strategy to acknowledge different areas of focus for different parts of the healthcare system. Different parts of the system will also need different supports and enablers to help implement these mitigation strategies.

The strategy may want to consider opportunities to incentivize uptake of mitigation strategies, for example grants or other funding opportunities for solar panels, battery systems, environmental architecture, creation of resources for healthcare professionals etc.

For general practice we would recommend that the biggest areas of focus should be:

- Medicines
- Waste
- Prevention and optimising models of care.

More information on each of these areas is included below.

Medicines

We know that medications make up a significant proportion (19%) of Australia's healthcare carbon footprint¹. This is due to the extraction of the required raw materials, the manufacture process, packaging, shipping, and disposal of the medicine. Ecological effects of pharmaceutical pollution are documented in waterways, aquatic species, and food-chains.

Additionally, estimates of general practice's carbon footprint in the UK suggest that between 65% and 90% of it is associated with pharmaceutical prescribing². So, focusing on medicines would be a high impact option.

In order to address the impact of medicines, information needs to be made available to prescribers on the environmental impact of those medicines, alongside information on the effectiveness and cost, so that clinicians can make a holistic assessment of the benefits and harms when making a decision to recommend drug treatment. While delivering safe and high-quality care remains a primary consideration, there are many instances when a range of equivalent treatment options are available. Considering the environmental impact of investigation and treatment decisions has been included

in the Australian Medical Council's recent update of the National Framework for Prevocational (PGY1 and PGY2) Medical Training³. To achieve this national data and guidance is required. Research in this area needs to be carried out and communicated, and prescribers need to be enabled to use this information. The PBS could have a role in this, with the environmental impact of different medicines factored into whether a medicine is listed on the PBS or not.

Resources which would previously have been helpful to guide prescribers in this way – NPS MedicineWise, and its initiative Choosing Wisely – are unfortunately no longer producing new content following the funding cut announced in March 2022. The National Commission for Safety and Quality in Health Care should be directed to develop these resources to help guide prescriber decisions.

The RACGP is supporting reduction in waste in medicines through publication of the [RACGP Handbook of non-drug interventions \(HANDI\)](#) and the publication of [First Do No Harm – a guide to choosing wisely in general practice](#).

Waste

Low value healthcare

With every healthcare intervention having some financial and environmental cost attached to it, supporting clinicians to reduce low-value interventions not only improves patient care, it also improves environmental sustainability. The RACGP has produced [guidance](#) to help GPs reduce patient harms and avoid low-value care, and has published a position statement on [Too much medicine](#). Similar guidance could be produced for other parts of the health sector, potentially by the National Commission for Safety and Quality in Health Care.

Disposing of clinical waste

Clinical waste, which has the potential to cause disease, (eg discarded sharps, or human tissue), must be disposed of according to State and Territory legislation, in ways that reduce the risk of infection. That means undergoing treatment, such as incineration, chemical disinfection, or autoclaving, before being put in landfill.

Ongoing research and review are needed to ensure the most appropriate treatment methods are used so that the waste is safe, while minimising the environmental impact as far as possible.

Reducing plastic waste

There is also an opportunity to reduce plastic waste in healthcare. Plastics are made from fossil fuels, can leak toxic products into the air and waterways, depending on how they're disposed of, and have been linked with severe adverse health outcomes⁴. Several opportunities could be explored:

- While single-use plastics have been very useful in terms of infection control, there are now alternatives available which, while still new, should be researched for their potential use in the Australian healthcare context. Funding could also be given to explore more viable alternatives.
- Single-use products (such as bandages) which come packaged in plastic, could be replaced with products which come in paper or biodegradable packaging, or for products that come in larger packs.
- Medicines usually come packages either in blister packs, or plastic jars. Suppliers could be incentivised to choose alternatives, such as biomass plastic made from natural substances such as sugarcane and aluminium manufactured using renewable energy, or glass jars⁵. Pharmacists could be enabled to buy in bulk and dispense pills in biodegradable containers.

E-waste

Attention should also be given to reducing digital waste in the healthcare sector – both from an environmental perspective, and also to prevent potential privacy breaches. At a practice level the RACGP provides guidance on reducing e-waste in the [Greening up: Environmental sustainability in general practice](#) factsheet.

Recycling metals contained in electronic goods may reduce the need for mining virgin materials. However, many of these valuable resources are lost every day through low e-waste collection rates and inadequate recycling or low-efficiency end processing for electronic equipment⁶.

At State and National levels more guidance, support, and infrastructure are needed to enable greater recycling and resource recovery of e-waste. This could include regulations for manufacturers that make resource-recovery at the end of the product's lifecycle, easier.

Prevention and optimising models of care

The RACGP sees a focus on prevention, and on optimising models of care, as key to driving long-term change in the reduced carbon footprint of Australia's health system. This approach would help drive patient-centred care which is also better value for money, than the current system. Australia would not be alone in taking this approach – the strategy produced by NHS England² takes a very similar view, focusing on preventive medicine, and community-based healthcare, as well as measures to improve integration of primary and secondary care.

Prevention

Australia's healthcare system needs to adapt as our climate changes and the needs of the population evolve. All patients must be supported to easily access their GP when they need to. Patients should be encouraged to talk to their GP, not only when they are sick, but also about how to stay healthy. When patients see their GP for preventive care and early treatment, they will be more likely to stay active in the community for longer, building and maintaining happy and healthy families, workplaces and communities. By having an established relationship with a practice and a nominated GP, patients can receive seamless, integrated and continuous care, where their needs are understood and prioritised.

For Aboriginal and Torres Strait Islander adults, belonging, connection and access to Country and protection of the environment are important for wellbeing⁷.

Evidence-based preventive care and high-quality acute and chronic disease management provided through general practice will:

- help people to live healthier lives and age well in the community.
- reduce disease complications and prevalence of preventable hospital presentations and admissions.
- reduce healthcare expenditure for government.
- reduce future out-of-pocket costs for patients.
- address health disparities and inequities experienced by some population groups.
- increase the overall economic productivity of society.
- reduce carbon emissions through reduced use of a high-carbon hospital system.

Preventive healthcare in general practice includes the prevention of illness, the early detection of specific disease, and the promotion and maintenance of health. Preventive care provided by GPs is critical in addressing the health disparities faced by disadvantaged and vulnerable population groups. Early access to health promotion and appropriate preventive care assists patients to stay more active in their community. This reduces the length of hospital stays and re-admission rates, and targets health resources to patients who will benefit most.

GPs and their teams already provide preventive care to their patients. However, there is opportunity for patients to be further supported to access preventive care routinely through their general practice. This is acknowledged in the National preventive health strategy 2021 – 2030⁸ which includes the following policy goal to be achieved by 2030:

- The inherent preventive health capabilities of primary health care professionals, including GPs, allied health, pharmacists, and nurses, are better supported and integrated within health services.

The RACGP has published the [Red Book: Guidelines for preventive activities in general practice \(9th edition\)](#), which takes an evidence-based approach to limit screening and case finding activities to those with sound evidence backing.

This reduces overuse of pathology testing, diagnostic imaging and preventive pharmaceutical treatments with associated environmental impacts. The Red Book sets the agenda for all preventive activities by GPs and brings together best-practice guidelines and evidence tailored to Australian context, and is looked on worldwide as a valuable resource. The tenth edition of this flagship publication is close to completion.

Support of general practice

The RACGP's [Vision for general practice and sustainable healthcare systems](#), published in 2019, outlines a model of care that aims to address many of Australia's longstanding healthcare challenges. That document focuses on creating a healthcare system which can adapt to a population which is ageing, with complex, chronic conditions becoming more prevalent. The Vision identifies how better use and support of general practice will bring about significant savings for the wider system by reducing the need for expensive secondary care. One of the key benefits of fully implementing the Vision is reduced reliance on acute treatments, and costly, carbon-intensive, secondary care, and greater focus on preventive, low-carbon, and community-based care. Ultimately, the modernised healthcare system described in the Vision will benefit patients, providers, funders and the environment. In this way, its successful implementation is a key step in reducing the carbon footprint of the healthcare sector.

Australian investment in preventive health care is low compared to other developed economies. While estimates of Australian spending vary, they are all much less than the preventive health expenditure of Canada and the UK, which is more than 5% of their health budgets^{9,10}. Our changing population necessitates greater investment in preventive healthcare, with a focus on person-centred and comprehensive care. Primary care, specifically general practice, has a key role to play in coordinating care across the healthcare system, noting the importance of strengthening relationships between healthcare practitioners across different areas of care provision.

This funding gap is addressed in the National health prevention strategy 2021 - 2030, where one of the aims of the strategy is that "prevention is valued and viewed as a worthwhile and important venture – funding is rebalanced towards prevention"⁸. The full benefits of the Vision will not be realised without adequate investment in prevention and effective support for general practice. Additional commentary on prevention in the Australian healthcare system is included in the [RACGP's submission on the national preventive health strategy consultation paper](#).

Quality improvement and innovation within primary care are dependent upon ongoing research and evaluation. Effective investment, resource allocation, planning and service delivery should be guided by research relevant to general practice. Evidence-based practice will support the broader objectives of the Vision, which in turn will contribute to reducing the environmental footprint of the healthcare system.

Ensure preventive activities benefit vulnerable communities

Children, people aged over 65 years, and people with underlying health conditions are particularly vulnerable to climate-related extreme events through direct biophysical effects and loss of health infrastructure and disruption to care services. Before a disaster occurs, GPs can initiate discussions and motivate patients to prepare emergency plans based on local climate threats and personal circumstances¹¹.

Australia's prevention action has achieved important outcomes, such as reducing smoking, and implementing screening. Regular exercise and healthy diets are also important objectives of preventative health strategies that can reduce the population health burden of chronic disease and reduce healthcare expenditure and emissions. Many preventative strategies that improve population health, also reduce emissions, and improve resilience to climate-related health risks. These are known as health co-benefits¹².

However, some preventative health interventions may disproportionately improve the health of those who are already healthy, while having less or no impact on disadvantaged communities, particularly Aboriginal and Torres Strait Islander peoples. A useful example is to look at the evaluations of anti-smoking programs in Aboriginal communities, which demonstrate very high levels of knowledge about the dangers of smoking, whilst still having high smoking prevalence.

See for example the Tackling Indigenous Smoking Program Final Evaluation Report¹³. This demonstrates the flawed assumption that knowledge leads to behaviour change in the absence of structural change.

Many current prevention activities are focused on narrow conceptualisations of health and emphasise individual responsibility for behaviour and individual health outcomes. Broader conceptualisations of health, including communities and environment, are fundamental to all prevention activities.

In the current climate emergency, Aboriginal and Torres Strait Islander communities are disproportionately exposed to rising seas and extreme weather, unjustly compounding existing health and wellbeing inequities¹⁴. GPs and other primary healthcare professionals have a key role to play in preventing adverse health outcomes from climate change and extreme weather events and advocating for patient access to appropriate resources. Consideration of the patient's context is needed, and may include their location's potential climate hazards, demographics and disease profile, access to financial and social resources including adequate housing, and access to cooling, power and refrigeration¹⁵.

Current prevention activities should be strengthened through effective evaluation that learns from and builds on current programs. Consideration should be given to the urgency of outcomes in health equity, and ensuring communities are not left behind. A clear understanding of the strengths and limitations of the primary healthcare system to support people to have best possible health and wellbeing outcomes, would also support this aim.

Coordinated campaigns that support GP programs and other running programs such as Quitline, are likely to be more effective than media campaigns alone. Preventive activities can be delivered in various ways including the use of apps, interventions through general practice, nurses and other allied health practitioners and regional specific programs as well as government initiatives such as taxation.

Social Prescribing

As stated in the joint RACGP and Consumer Health Forum [Social prescribing report](#), the benefits of social prescribing are wide-ranging and include health, economic, social and productivity gains, with the ultimate benefit being improved health and wellbeing for individuals and communities. We know that social determinants such as access to safe and affordable housing, education, employment, and community connectedness have a significant influence on health. Therefore, linkage with programs and services outside the health system has the potential to improve health outcomes.

Social prescribing should be included as part of the preventive health focus of the National Health and Climate Strategy. This will require funding and implementation support to enable a coordinated and comprehensive approach, including investment in a 'link worker' workforce.

This aligns with the government's National preventive health strategy 2021-2030¹¹ which includes the following policies which should be in place by 2030:

- Enhanced referral pathways to community services to improve health and wellbeing are embedded in the health system at a local level with a focus on self-care support (e.g. social prescribing).
- Healthcare professionals are trained and supported to provide advice and support to patients to promote physical activity and to engage in social prescribing (connecting patients with community services to improve health and wellbeing).

Reducing health system duplication by improving continuity of care

In addition to their role in providing clinical care, GPs have important roles as patient advocates and stewards of the healthcare system. These additional roles are increasingly important as the complexity of our health system has grown. They also provide huge benefit to patients, health funders and the wider healthcare system and are the reason why all healthcare must be coordinated through a patient's regular GP.

Failure to involve a patient's GP in all aspects of patient care disrupts continuity of care and compromises the provision of high-quality, cost-effective care through:

- fragmentation of care and medical records
- the potential for contradictory clinical advice
- unclear lines of responsibility – particularly for preventive healthcare such as cancer screening or vaccination programs
- duplication of patient services (eg pathology and diagnostic imaging)
- misdiagnoses or delayed diagnoses
- inappropriate or delayed treatment.

Each of these issues could contribute to a more duplicative and less environmentally sustainable healthcare system.

Telehealth

Telehealth has become a critical part of Australia's healthcare system. It helps facilitate a person's access to their usual GP, meaning patients can more easily receive high-quality, personalised health services when and where it suits them. It also allows helps reduce the emissions associated with patient travel, and so having telehealth as one of the options available to patients increases access to healthcare, while reducing carbon emissions.

Recent measures to support the continued provision of telehealth are welcomed. These include:

- The decision made in June 2022, to exempt patients from the 12-month rule for telehealth in areas affected by natural disasters, was a welcome support for those communities.
- In the May 2023 Federal budget the government announced funding to enable access to longer telehealth consultations from 1 November 2023 for patients registered with their GP through MyMedicare.

The RACGP has long been calling for government to ensure all patients can take full advantage of telehealth consults with their usual GP. This includes making Medicare rebates for longer telehealth phone consultations a permanent fixture so that all patients can get the care they need when they need it. The RACGP is also calling on the Government to re-introduce Medicare rebates for phone consultations for mental health items and GP chronic disease management plans.

More information on the RACGP's recommendations around expanding telehealth services can be found in [this submission](#) to the Australian National Audit Office.

The RACGP recommends the Department of Health and Aged Care:

- Explore different mitigation priorities for different parts of the health sector.
- Focus on medicines, waste, and prevention and optimising models of care as the key mitigation areas in general practice.
- Develop resources which provide information to prescribers on the environmental impact of different drug treatments, alongside information on their effectiveness and costs.
- Develop guidance for clinicians in all parts of the health system on reducing patients harms by avoiding interventions which are of low value. Similar to the RACGP's [First do no harm](#) guidance.
- Explore opportunities to reduce the environmental impact of clinical waste, and e-waste.
- Explore opportunities to reduce plastic waste in healthcare.
- Increase support for general practice to deliver patient-centred preventive care, with associated increase in funding for general practice.
- Focus on evidence-based prevention activities with comprehensive evaluation, to ensure policies have the intended effect and vulnerable populations are not left behind.
- Include social prescribing in the National Health and Climate Strategy
- Ensure all patients can take advantage of telehealth consults with their usual GP, including making Medicare rebates for longer telehealth phone consultations a permanent fixture and re-introducing Medicare rebates for phone consultations for mental health items and GP chronic disease management plans.

Objective 3: Adaptation

The consultation paper stresses the importance of building a climate-resilient health system, outlines the negative health effects from climate-related disasters and extreme weather events, and notes the importance of emergency preparedness.

The RACGP agrees that Australia should develop a national health vulnerability and adaptation assessment which would help identify which impacts, risks, and vulnerabilities should be prioritised for adaptation action. The methodology for this should be informed by the World Health Organisation's (WHO) guidance [Protecting Health from Climate Change – Vulnerability and Adaptation Assessment](#).

This assessment and action plan should take a national approach while also considering local contexts and needs. Remote communities will be impacted differently than those living in metropolitan centres. Likewise, children, older people, and populations already experiencing marginalisation and inequities, including those living in deprived communities and First Nations people, will be disproportionately impacted. A vulnerability and adaptation assessment should also consider all parts of the healthcare system, including primary care, and general practice. It will be important for this assessment to be reviewed and updated regularly, as climate impacts change over time, and for this to be based on updated risk-assessment modelling to health infrastructure.

One of the most important things the strategy can do, is to be informed by recent experiences in Australia such as the bushfires in 2019-20, and the flooding in 2021 and 2022. The [2020 Royal Commission into National Natural Disaster Arrangements](#) explored some of these issues and there are important learnings which need to be considered. Actions need to be taken based on these experiences which build our resilience against future climate events.

The [RACGP submission](#) to the Royal Commission highlighted key issues including:

- The importance of including GP representation on disaster management and recovery planning committees.
- The need for communication between federal and state/territory bodies to ensure consistent messaging.
- A requirement for jurisdictions to have working disaster response plans, including scenario planning, that are exercised, and reviewed and updated every 12 months, and that include GPs.
- Development of a standardised national framework for the engagement of GP teams in support of isolated communities during disasters.
- Funding to allow general practices to fully engage in the planning, management, and recovery phases of natural disasters, e.g. attending planning meetings, gaining required skills, developing disaster management plans, coordinating mental healthcare during and following a disaster, supporting business continuity (providing power backup), enabling GPs to travel to work in affected areas etc.
- GP involvement in decisions around how best to distribute ad-hoc resources during emergencies and disasters to ensure responses fit with local needs, patient demographics, and geography of the affected community.
- Provision of necessary consumables and standardised equipment to general practices during disasters.
- Support for the provision of longer-term mental health services and additional services to communities in need through use of technology and established locum services.
- Exemptions for GPs in affected areas if co-claiming/using MBS items in excess of their peers.
- Increased funding for research into GP responses to previous disasters and emergencies to assist in planning for future disasters and health emergencies.

The RACGP strongly urges standard involvement of GPs in disaster and emergency response plans to ensure there is a clear, consistent, and planned primary care response in the event of future emergencies and disasters. This will ensure the best healthcare is available to support the health and wellbeing of affected communities.

The RACGP supports the development of the Australian Centre for Disease Control, to improve Australia's response and preparedness for public health emergencies and hopes it will address many of the issues raised in the Royal Commission. We would recommend that the National Health and Climate Strategy also consider disaster management as part of its remit.

The RACGP recommends the Department of Health and Aged Care:

- Develop a national health vulnerability and adaptation assessment to help identify which impacts, risks, and vulnerabilities should be prioritised for adaptation action.
- Use the assessment to build an action plan which is nationally consistent, and adaptive to local contexts and needs.
- Ensure the National Health and Climate Strategy is informed by Australia's recent experiences of natural disasters, and fully considers Australia's approach to disaster management.

Objective 4: Health in all policies

Health in All Policies is an approach to public policy across sectors that systematically takes into account the health implications of decisions, and avoids harmful health impacts in order to improve population health and health equity. As mentioned above, we know that social determinants such as access to safe and affordable housing, education, employment, and community connectedness have a significant influence on health. Taking a Health in All Policies approach means considering overall health and health equity when developing policies in areas including transport, housing, urban planning, education etc¹⁶.

Critically, it also means considering the health implications from energy policy decisions. The World Health Organisation, United Nations Secretary General, and International Energy Agency have all highlighted that in order to ensure a safe, healthy and liveable future, there can be no further expansion of fossil fuel (coal, oil and gas) resources. Climate change is a health emergency. We are already seeing the significant health impacts in the form of more frequent and severe extreme weather events, and expansion of vector borne diseases, such as Japanese encephalitis, into new territories. The impacts of climate change and health consequences are accelerating. In order to safeguard the health of current and future generations, it is essential that we move away from fossil fuels and progress the transition to clean energy^{17,18}.

The RACGP strongly supports all levels of Australian government to fund and implement a Health in All Policies approach. This approach should be supported by health impact assessments, and up-to-date risk assessment modelling.

The RACGP recommends the Department of Health and Aged Care:

- Include recommendations for a Health in All Policies approach within the National Health and Climate Strategy, and ensure the Strategy is implemented across the whole of government.

General comments

As indicated in the document the approach taken by the strategy needs to have a national approach, while also having the ability to be tailored to meet local needs.

Special thought needs to be put into the way emissions reduction are achieved in rural and remote areas, and the impact of climate change on these communities. This demographic already experience adversity in access and health equity due to the relationship between the social determinants of health and location. People living in rural and remote areas have higher rates of chronic disease and multimorbidity, and an overall lower life expectancy¹⁹. This contributes to the cumulative risk that the rural population faces as they are also particularly prone to the health-related impacts of climate change²⁰. Due to their geographies, these communities are at risk of experiencing extremities in weather and climate induced events and have reduced access to health and social services that are able to provide wrap-around support. Strong primary healthcare systems are needed to reduce healthcare inequities.

The specific needs and perspectives of Aboriginal and Torres Strait islander people also need to be considered. This should include the specific spiritual and cultural harms caused by climate change, and the knowledge that these communities have about how to live in and protect country from climate change, which is healthy for body, mind, spirit

and climate. Really respecting First Nations connection to Country and enabling and learning from their cultural practices is protective of the environment and part of our Closing the Gap responsibilities.

The strategy should also be informed by the work being done by the Senate committee on the extent and nature of poverty in Australia. The [RACGP submission](#) to this inquiry includes detail of the impact of poverty on individuals in relation to health outcomes. This group are also particularly vulnerable to the impacts of climate change due to the higher likelihood of having insecure housing.

When making recommendations it's important to consider how these will be implemented across all communities. For example, the recommendation to support social prescribing as it will enhance referral pathways to community services to improve health and wellbeing, is a good one. However, work also needs to be done to ensure that appropriate community services are available in all communities, not just more affluent communities, or more metropolitan communities.

The RACGP recommends the Department of Health and Aged Care:

- Ensure the Strategy takes a national approach while also being tailored to meet local needs and contexts.

Conclusion

The RACGP strongly supports the development of a National Health and Climate Strategy as an essential policy to address the escalating population health impacts of climate change. We recommend that primary care generally, and general practice specifically, is more fully considered in the strategy, as there is a key role for general practice in supporting the strategy aims. In order for the strategy to fulfill its purpose, it is essential that it is implemented across the whole of government.

Thank you again for the opportunity to provide feedback on the consultation paper for the Strategy. The RACGP looks forward to continuing to contribute to the development of the National Health and Climate Strategy. For any enquiries regarding this submission, please contact Gillian Elliott, Manager, RACGP Specific Interests, on 07 3456 8906 or gillian.elliott@racgp.org.au.

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